

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number					
		10/670,966-Conf. #7029					
		Filing Date					
		September 25, 2003					
		First Named Inventor					
		Tae KIM					
Examiner Name		A. H. Luong					
Art Unit		2427					
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.					
(\$)		1630-0426PUS1					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims <u>31</u> - 32 or HP = <u>x</u> =		Extra Claims <u>Fee (\$)</u> =		Fee Paid (\$) _____		Multiple Dependent Claims	
Indep. Claims <u>2</u> - 3 or HP = <u>x</u> =		Extra Claims <u>Fee (\$)</u> =		Fee Paid (\$) _____		Fee Paid (\$) _____	
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Extra Sheets _____ Number of each additional 50 or fraction thereof _____		Fee (\$) _____ Fee Paid (\$) _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00							
SUBMITTED BY							
Signature <u>Esther H. Chong</u>		Registration No. (Attorney/Agent) 40,953		Telephone (703) 205-8000			
Name (Print/Type) Esther H. Chong		<input checked="" type="checkbox"/>		Date January 27, 2010			